पोलीस कोठडीतील मृत व कारागृह कोठडीतील अनैसर्गिक मृत व्यक्तीचे शवविच्छेदनासाठी आदर्श शव विच्छेदन अहवालाचा फॉर्म तसेच शवविच्छेदन करतांना घेण्यात येणा-या व्हीडीओ फिल्म काढण्याबाबतच्या मार्गदर्शक सूचना.

महाराष्ट्र शासन
गृह विभाग

परिपत्रक क्रमांक : एचआरसी-०५९७/६५/पोल - १४,
मंत्रालय, मुंबई - ४०० ०३२ दिनांक : २२ फेब्रुवारी, २००१.

वाचा :-
१) शासन परिपत्रक गृह विभाग क्रमांक :एचआरसी-०९९५/३४/पोल-१४, दि.१८.१.९९
२) शासन परिपत्रक गृह विभाग क्र.एचआरसी-०५९७/६५/पोल-१४, दि.१०.९.९९
३) राष्ट्रीय मानवी हक्क आयोगाचे दि. ८ जून, १९९९ चे पत्र

परिपत्रक : संदर्भाधीन दि. १८.१.९९ च्या शासन परिपत्रकान्वये पोलीस /कारागृह कोठडीत मृत्यू पावणा-या व्यक्तीचे शवविच्छेदन करतांना व्हिडीओ फिल्म घेण्याची जबाबदारी मुंबई शहरात अपमृत्यूनिर्णेता व जिल्हा/तालुका पातळीवर सिव्हील सर्जन यांची राहील असे नमुद करण्यात आले होते. त्यानंतर दि.१०.९.९९ च्या परिपत्रकान्वये बृहन्मुंबईत ही जबाबदारी शासन निर्णय गृह विभाग क्रमांक :सीआरए-०१९८/३४१४/४७/पोल-१४, दि.९.७.९९ अन्वये विहीत करण्यात आलेल्या आठ शवविच्छेदन केंद्र/रुग्णालयाच्या अधिष्ठाता यांची राहील असे नमूद करण्यात आले आहे. यावर निरनिराळया क्षेत्रीय प्राधिका-याकडून आलेल्या सूचना लक्षात घेऊन शासन आता त्यामध्ये पुढीलप्रमाणे बदल करीत आहे.

" पोलीस /कारागृह कोठडीत / ताब्यात असतानां मृत्यु पावणा-या सर्व व्यक्तींच्या मृतदेहाचे शवविच्छेदन ज्या ठिकाणी न्यायवैधक शास्त्राचा विभाग आहे, अश्या शासकीय वैद्यकीय महाविद्यालयाशी संलग्न असणा-या शैक्षणिक रुग्णालयात करण्याची पध्दत राज्यात सर्व ठिकाणी अवलंबली जाते. तीच पध्दत बृहन्मुंबईत अवलंबण्यात यावी म्हणजेच असे शवविच्छेदन बृहन्मुंबईत ग्रान्ट वैद्यकीय महाविद्यालयात करण्यात यावे.

२. कोठडीत मृत्यु पावणा-या व्यक्तींच्या मृतदेहांचे शवविच्छेदन राज्यातील ज्या शासकीय वैद्यकीय महाविद्यालयाशी संलग्नित शैक्षणिक रुग्णालयामध्ये करावयाचे आहे, अशी राज्यातील वैद्यकीय महाविद्यालये पुढील प्रमाणे आहेत :-

अ.क्र.	शासकीय वैद्यकीय महाविद्यालय
१)	ग्रॅंट वैद्यकीय महाविद्यालय, मुंबई.
२)	डी. जे. वैद्यकीय महाविद्यालय, पुणे
३)	शासकीय वैद्यकीय महाविद्यालय, मिरज
४)	डॉ.वैशंपायन स्मृती वैद्यकीय महाविद्यालय,सोलापूर.
५)	कै. माऊसाहेब हिरे शासकीय वैद्यकीय महाविद्यालय,धुळे
६)	शासकीय वैद्यकीय महाविद्यालय, औरंगाबाद
७)	शासकीय वैद्यकीय महाविद्यालय , नांदेड
८)	शासकीय वैद्यकीय महाविद्यालय, नागपूर.
९)	इंदिरा गांधी वैद्यकीय महाविद्यालय,नागपूर
१०)	स्वामी रामानंद तीर्थ ग्रामीण वैद्यकीय महाविद्यालय, अंबाजोगाई
११)	कै.श्री.वसंतराव नाईक शासकीय वैद्यकीय महाविद्यालय,यवतमाळ.

३. उपरोक्त शासकीय वैद्यकीय महाविद्यालयतील संलग्नित शैक्षणिक रुग्णालये कि जेथे न्यायवैद्यकशास्त्र विभाग कार्यरत आहे, तेथे कोठडीत / ताब्यात असताना मृत्यु पावणा-या व्यक्तिचे शवविच्छेन व व्हिडीओ चित्रिकरण करणे व ते सीलबंद करुन ते त्वरीत राष्ट्रीय मानवी हक्क आयोगाला पोठविणे ही जबाबदारी त्या त्या शासकीय वैद्यकीय महाविद्यालयातील न्यायवैद्यक पॅथॉलॉजीस्टची (Forensic pathologist) यांची राहील. शवविच्छेदन हे न्यायवैद्यक पॅथॉलॉजीस्ट यांनी दोन किंवा अधिक डॉक्टरांच्या पॅनेलसह करावे. व्हिडीओ ग्राफर हा फॉरेंसीक पॅथॉलॉजीस्टला इन्क्वेस्ट करणा-या प्राधिका-याने उपलब्ध करुन द्यावा व तो व्हिडीओग्राफर त्यांनी जिल्हादंडाधिका-याच्या अधिकृत पॅनेलमधून घ्यावा. व्हिडीओ चित्रीकरणावर येणारा खर्च हा प्रथम संबंधीत शासकीय वैद्यकीय महाविद्यालयाचे अधिष्ठाता यांनी करावा व तो नंतर संबंधित पोलीस आयुक्त/पोलीस अधिक्षक /कारागृह विभाग यांचेकडून वसूल करावा.

४. राष्ट्रीय मानवी हक्क आयोगाच्या दिनांक ८ जून, १९९९ च्या पत्र व सहपत्राची प्रत पुन्हा माहितीसाठी सोबत जो डली आहे.

महाराष्ट्राचे राज्यपाल यांचेया आदेशानुसार व नावाने,

(अ. ना. भोसले)
अवर सचिव, महाराष्ट्र शासन, गृह विभाग.

सचिव, सार्वजनिक आरोग्य विभाग, मंत्रालय, मुंबई
सचिव, वैद्यकीय शिक्षण व औषधी द्रव्ये विभाग, मंत्रालय, मुंबई,
पोलीस महासंचालक, महाराष्ट्र राज्य, मुंबई.
अपर पोलीस महासंचालक, राज्य गुन्हा अन्वेषण विभाग, महाराष्ट्र राज्य, पुणे
कारागृह महानिरीक्षक, महाराष्ट्र राज्य, पुणे.
पोलीस महानिरीक्षक, (मानवी हक्क) , महाराष्ट्र राज्य, मुंबई,
पोलीस आयुक्त, बृहन्मुंबई.
संचालक, आरोग्य सेवा मुंबई
अधिष्ठाता ग्रान्ट मेडिकल कॉलेज, मुंबई.
डीन जे.जे.हॉस्पीटल, मुंबई
पोलीस सर्जन मुंबई
सर्व पोलीस आयुक्त
सर्व परिक्षेत्रीय विशेष पोलीस महानिरीक्षक
सर्व जिल्हाधिकारी
सर्व पोलीस अधिक्षक,
अधिष्ठाता जे. जे. रुग्णालय, पोस्टमार्टेम सेंटर भायखळा, मुंबई
अधिष्ठाता राजावाडी रुग्णालय, पोस्टमार्टेम सेटंर, मुंबई
अधिष्ठाता कपूर रुग्णालय, पोस्टमार्टेम सेटंर जुहु , मुंबई
अधिष्ठाता सेंट जॉर्ज रुग्णालय, पोस्टमार्टेम सेंटर, मुंबई
अधिष्ठाता जे..टी.रुग्णालय, मरीन लाईन, मुंबई.
अधिष्ठाता के.इ.एम. रुग्णालय, पोस्टमार्टेम सेटंर, मुंबई
अधिष्ठाता लोकमान्य टिळक रुग्णालय, पोस्टमार्टेम सेटंर, सायन मुंबई.
अधिष्ठाता टि.एन.नायर रुग्णालय , पोस्टमार्टेम सेटर, मुंबई सेंट्रल, मुंबई
अधिष्ठाता ग्रान्ट वैद्यकीय महाविद्यालय, मुंबई.
अधिष्ठाता बी.जे. वैद्यकीय महाविद्यालय, पुणे.
अधिष्ठाता शासकीय वैद्यकीय महाविद्यालय,गिरज
अधिष्ठाता डॉ.वैशपायंन स्मृती महाविद्यालय,सोलापूर
कै.भाऊसाहेब हिरे शासकीय वैद्यकीय महाविद्यालय, धुळे
अधिष्ठाता शासकीय वैद्यकीय महाविद्यालय, औरगांबाद
अधिष्ठाता शासकीय वैद्यकीय महाविद्यालय , नांदेड
अधिष्ठाता शासकीय वैद्यकीय महाविद्यालय, नागपूर.
अधिष्ठाता इंदिरा गांधी वैद्यकीय महाविद्यालय, नागपूर
अधिष्ठाता स्वामी रामानंद तीर्थ ग्रामीण वैद्यकीय महाविद्यालय, अंबाजोगई
अधिष्ठाता कै.वसंतराव नाईक शासकीय वैद्यकीय महाविद्यालय,यवतमाळ.

Registered Post

HRC07797/95

राष्ट्रीय मानव अधिकार आयोग
National Human Rights Commission
सरदार पटेल भवन, संसद मार्ग, नई दिल्ली-110001 भारत
फोन : (का) 011-3346243 (आ) 011-6111512 फैक्स : 91-011-3340016/3366537

Mrs. Lakshmi Singh
Joint Secretary

Sardar Patel Bhawan. Sansad Marg. New Delhi-110001 India
Phone (011-3346243 (R) 011-61 11512 Fax. : 91-011-3340016/3366537
E Mail : nhrc-del@x400.nicgw.nic.in

D.O.No.3/2/99-PRP&P

8 June, 1999

Dear Shri Srivastava.

The National Human Rights Commission was concerned at the increasing incidents of deaths in lock-ups and jails and consequently had written to all Chief Ministers of State Governments vide d.o letter dated 27 March, 1997 (Copy enclosed) and desired that the post-mortem examination in respect of deaths in police custody should be videotaped.

2. The Commission which has been receiving the videotapes has found that there is considerable variation in the coverage and quality of the video-filming and therefore formed a panel of forensic experts to prepare guidelines for videography.

3. Based on the panel's report, the National Human Rights Commission has prepared a set of guidelines for videography of post-mortem examination and a format for scrutiny of video cassettes of custodial deaths which are enclosed herewith. I have been directed by the Commission to request you kindly to pass suitable instructions to the concerned officers and direct them to follow the guidelines scrupulously.

Thanking you,

Yours sincerely,

8/6/99

Lakshmi Singh]

Shri K.C. Srivastava,
Additional Chief Secretary (Home),
Govt. of Maharashtra;
Mantralaya,
Mumbai - 400032.

No. PltiRC/II/PM/96/57
राष्ट्रीय मानव अधिकार आयोग
National Human Rights Commission
सरदार पटेल भवन, संसद मार्ग, नई दिल्ली–110 001 भारत
फोन (आ) 011-3340891 फैक्स : 91-011-3340016 (आ) 301808

Justice M. N. Venkatachaliah
Chairperson

Sardar Patel Bhawan, Sansad Marg, New Delhi-110 001 INDIA
Phone : (O) 011-3340891 Fax : 91-011-3340016 (R) 3018085
Telegraphic Address : HUMANRIGHT
E-mail : nhrc.del@x400.nicgw.nic.in

March 27, 1997

Dear Chief Minister,

May I invite your kind attention to a matter which NHRC considers of some moment in its steps to deal with custodial deaths? The Commission on the 14th December, 1993 had issued a general circular requiring all the District Magistrates and the Superintendents of Police to report to the Commission, incidents relating to custodial deaths and rapes within 24 hours of their occurrence. A number of instances have come to the Commission's notice where the post-mortem reports appear to be doctored due to influence/pressure to protect the interest of the Police/jail officials. In some cases it was found that the post-mortem examination was not carried out properly and in others, inordinate delays in their writing or collecting. As there is hardly any outside independent evidence in cases of custodial violence, the fate of the cases would depend entirely on the observations recorded and the opinion given by the doctor in the post-mortem report. If post-mortem examination is not thoroughly done or manipulated to suit vested interests, then the offender cannot be brought to book and this would result in travesty of justice and serious violation of human rights in custody would go on with impunity.

With a view to preventing such frauds, the Commission recommended to all the States to video-film the post-mortem examination and send the cassettes to the Commission.

It was felt that the Autopsy Report forms now in use in the various States, are not comprehensive and, therefore, do not serve the purpose and also give scope for doubt and manipulation. The Commission, therefore,

decided to revise tlic autopsy-form to plug tlic loopholes aiid to make it more incisive and purposeful.

The Commission, after ascertaining the views of the States and discussing with the experts in the field and taking into consideration , though not entirely adopting, the U.N. Model Autopsy protocol, has prepared a Model Autopsy form enclosed as Annexure-I.

In this connection, it was felt that some incidental improvements are also called for in regard to the conduct of inquests. For proper assessment of "Time since death" or 'the time of death', determination of temperature changes and development of Rigor Mortis at the time of first examination at tlic scene is essential. This can conveniently be doiic by following some casily understandrib lc and implementab lc procedure. The procedure to be followed by those in charge of inquest, is indicated in Annexure-II to this letter. This is a small but important addition to tlic inquest procedure.

The Commission recommends your Government to prescribe the Model Autopsy Form (Annexure-I) and the additional procedure for inquest as indicated in Annexure-II, to be followed in your State with immediate effect.

I shall look forward to your kind and favourable response.

Yours sincerely,

(M.N. Venkatachaliah)

Shri J.H. Patel
Chief Minister,
Government of Karnataka,
Bangalore.

ANNEXURE – I

MODEL POST MORTEM REPORT FORM

(Read carefully the instructions at Appendix 'A')

NAME OF INSTITUTION _____

Post Mortem Report No. _____ Date_____

Conducted by Dr. _____

Date & Time of receipt of the body and Inquest papers for Autopsy_____

Date & Time of commencement of Autopsy _____

Time of completion of Autopsy _____

Date & Time of examination of the dead body at Inquest (as per Inquest Report) _____

Name & Address of the person videorecording the Autopsy _____

Note **The** tape should be duly sealed, signed and dated and sent to the National Human Rights Commission, Sardar Patel Bhawan, Sansad Marg New Delhi.

CASE PARTICULARS

1. (a) Name of deceased _____ and as entered in the Jail or Police record.

   (b) S/O, D/O, W/O _____

   (c) Address _____

2. Age (Approx) : _____ yrs. Sex: Male/Female.

3. Body brought by (Name and rank of Police officials)

   (i) _____

   (ii) _____

   of Police Station _____

4. Identified by [Names & addresses of relatives/persons acquainted)

   (i)_____

   (ii)_____

IF HOSPITAL DEAD BODIES - (particulars as per hospital records)

Date & Time of Admission in Hospital _____

Date & Time of Death in Hospital _____

Central Registration No. of Hospital _____

SCHEDULE OF OBSERVATIONS

(A) GENERAL

(1) ,Height _____ cms (2) Weight _____ kgs

(3) Physique - (a) lean/ medium, obese

(b) Well built/average built/poor built/emaciated

(4) Identification features (if body is unidentified)

(i) _____

(ii) _____

(iii) Finger prints be taken on separate sheet and attached by the doctor.

(5) Description of clothes worn - important features.

(6) Postmortem Changes :

(a) As seen during inquest.

- Whether rigor mortis present

- Temperature (Rectal)

- Others

(b) As seen at Autopsy

(7) (a) External general appearanc

(b) State of eyes

(c) Natural orifices

(B) **EXTERNAL INJURIES**:
(Mention Type, Shape, Length / Breadth / Depth of each injury and its relation to important body landmark. Indicate which injuries are fresh and which are old and their duration.)

Instructions 1.

(i) Injuries be given serial number and mark similarly on the body diagrams attached. (ii) In stab injuries, mention state angles, margins & direction inside body. (iii) In fire arm injuries, mention about effects of fire also.

(C) INTERNAL EXAMINATION

1. HEAD

(a) Scalp findings

(b) Skull (Describe fractures here & show them on body diagram enclosed)

(c) Meninges, meningeal spaces & Cerebral vessels (Hemorrhage & its locations, abnormal smell etc.be noted)

(d) Brain findings & Wt. (Wt _____gms)

(e) Orbital, nasal & aural cavities - findings

2. NECK

- Mouth, Tongue & Pharynx

- Larynx & Vocal cords

- Condition of neck tissues

- Thyroid & other cartilage conditions

- Trachea

3. CHEST

- Ribs and Chest wall

- Oesophagus

- Trachea & Bronchial Tree

- Pleural Cavities - R -
- L -

Lungs findings & Wt. - Fit _____gms & Lt _____gms.

- Pericardial Sac

- Heart findings & Wt. _____

- Large blood vessels

4. ABDOMEN

- Condition of abdominal wall.

- Peritoneum & Peritoneal cavity.

- Stomach (wall candition, contents & smell) (Weight_____gns)

- Small intestines including appendix

- Large intestines &
Mesentric vessels

- Liver including (wt _____gms)
gall bladder

-.Spleen (wt _____gms)

- Pancreas
- Kidneys finding & Wt - Rt _____gms & Lt _____gms.

- Bladder & urethra

- Pelvic cavity tissues

- Pelvic Bones

- Genital organs (Note the condition of vagina, scrotum, presence of foreign body, presence of fetus, semen or any other fluid, and contusion, abrasion in and around genital organs).

5. SPINAL COLUMN & SPINAL CORD (To be opened where indicated)

OPINION

(i) Probable time since death (keep all factors including observations at inquest)

(ii) Cause & manner of death - The cause of death to the best of my knowledge and belief is :-
(a) Immediate cause -

(b) Due to -

(c) Which of the injuries are antemortem/postmortem and duration if antemortem?

(d) Manner of causation of injuries

(e) Whether injuries (individually or collectively) are sufficient to cause death in ordinary course of nature or not ?

(iii) Any other

SPECIMENS COLLECTED & HANDED OVER (Please tick)

(a) Viscera (Stomach with contents, small intestine with contents, sample of liver, kidney (one half of each), spleen, sample of blood on gauze piece (dried), any other viscera, preservative used)

(b) Clothes

(c) Photographs (Video cassettes in case of custody deaths), finger prints etc.)

(d) Foreign body (like bullet, ligature etc.)

(e) Sample of preservative in cases of poisoning:

(f) Sample of seal.

(g) Inquest papers (mention total numbers & initial them)

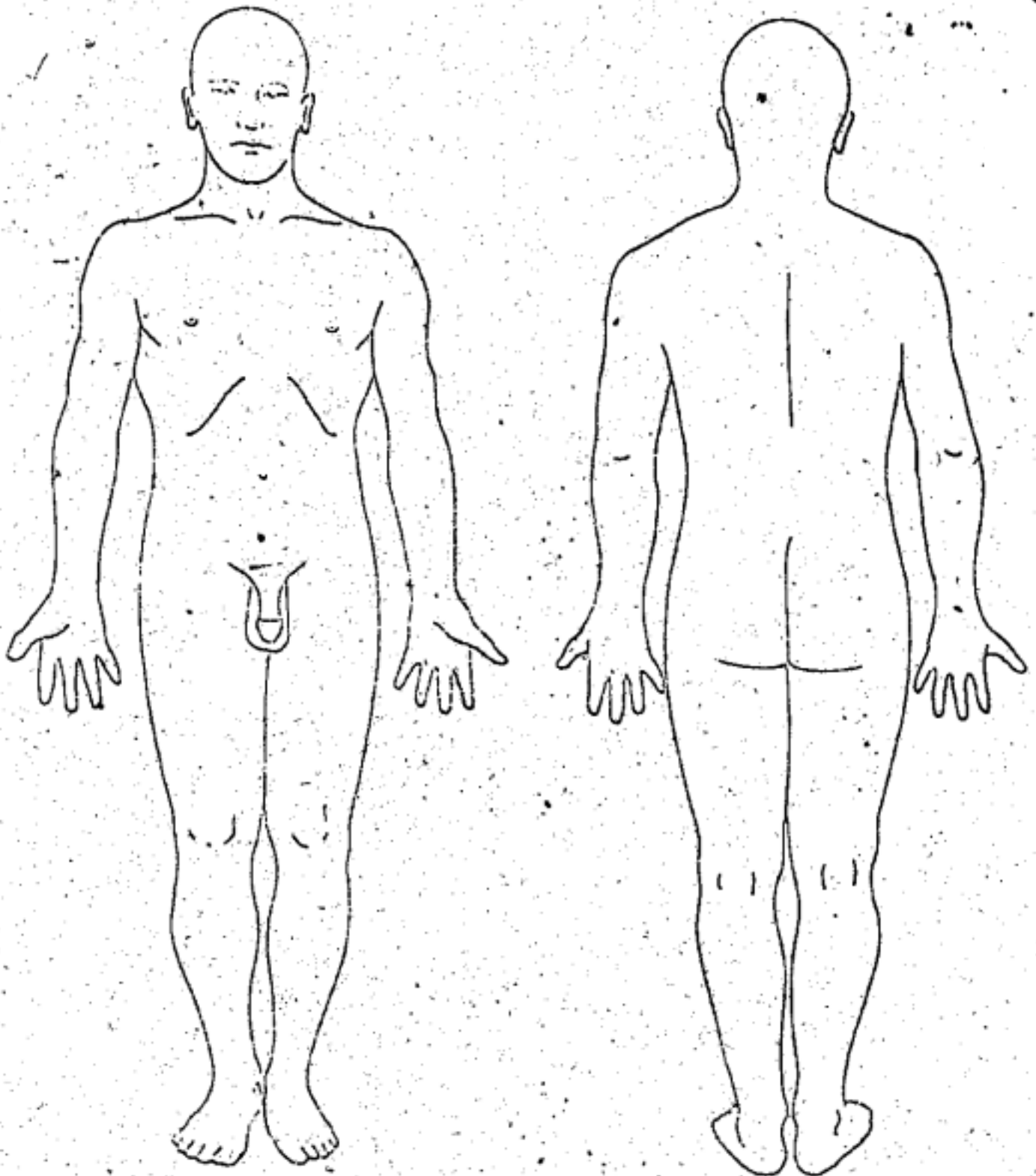
(h) Slides from vagina, semen or any *other* material;

PM report in original, ____ inquest papers, dead body, clothings and other articles (mention there) duly sealed (Nos. _____) handed over to police official _____ No. _____ of PS _____ whose signatures are herewith. _____

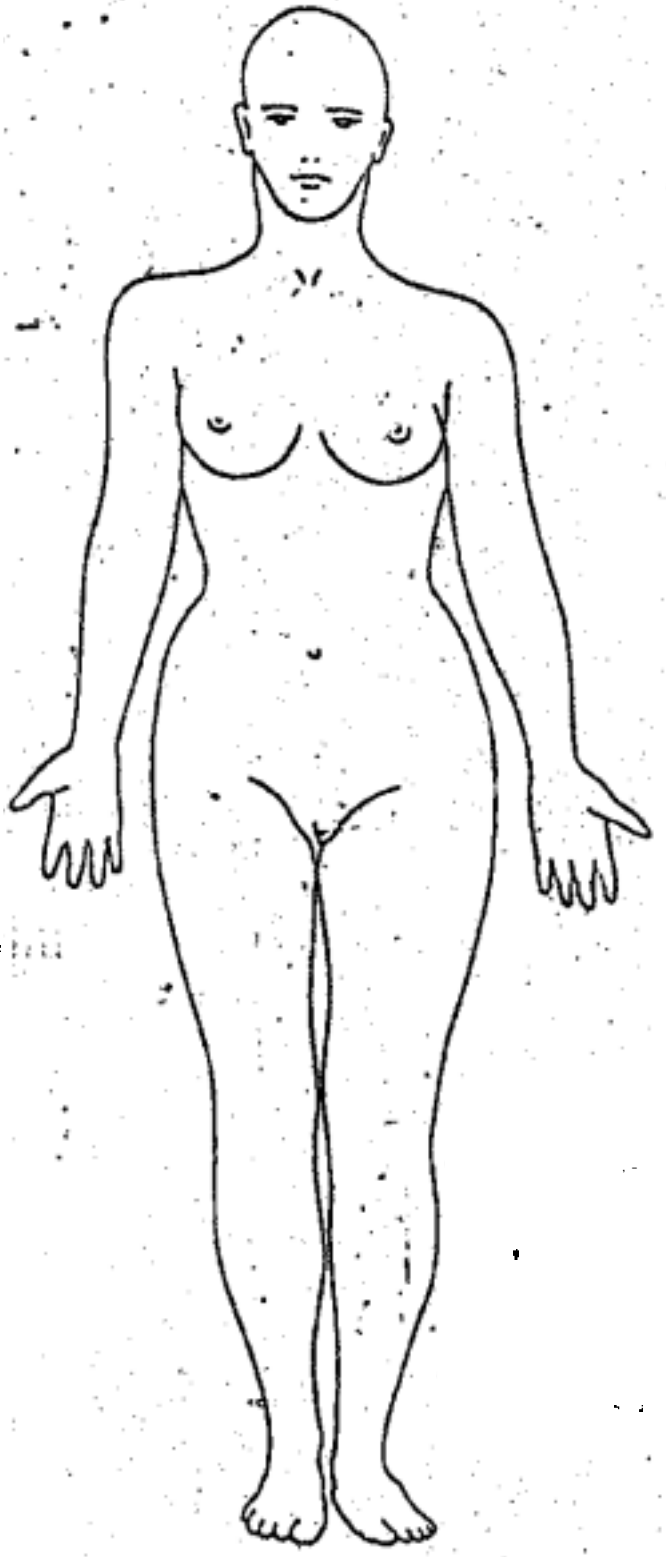
Signature _____

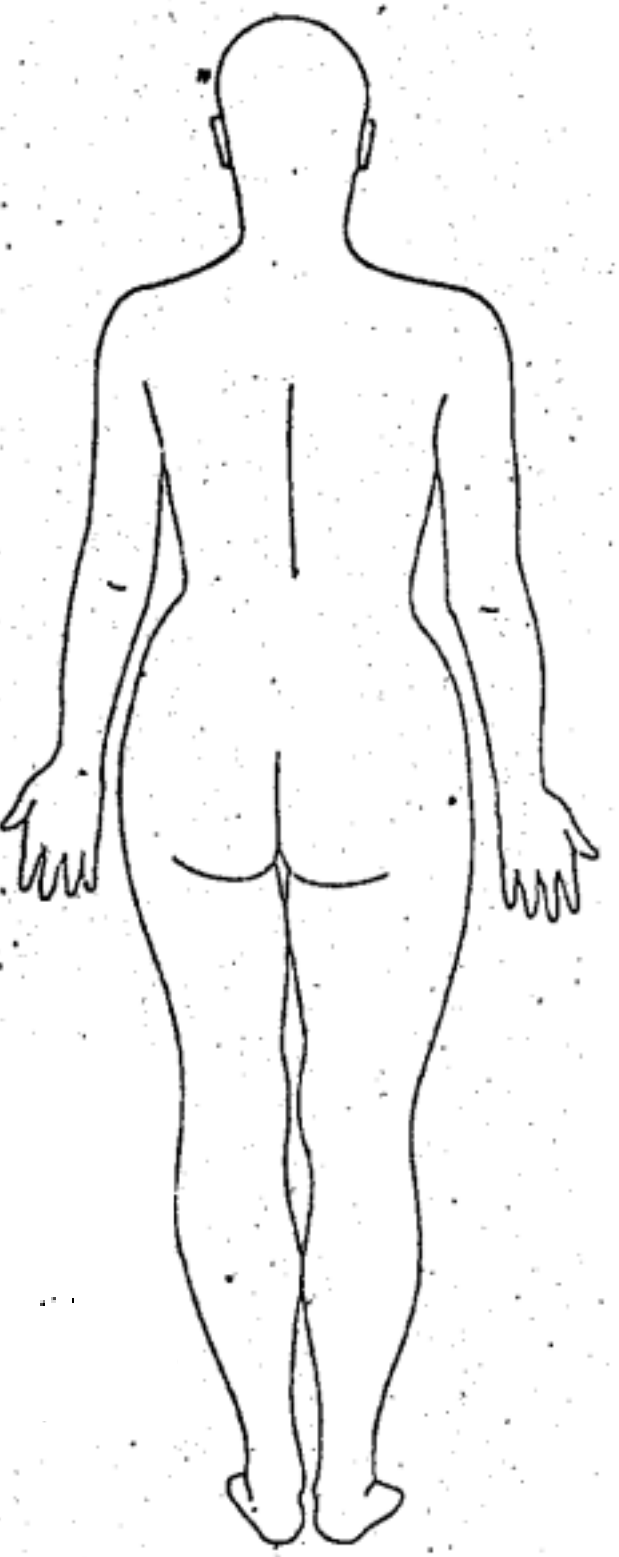
Name of Medical Officer _____
(in block letters)
Designation _____
SEAL

FULL BODY, MALE – ANTERIOR AND POSTERIOR VIEWS (VENTRAL AND DORSAL)



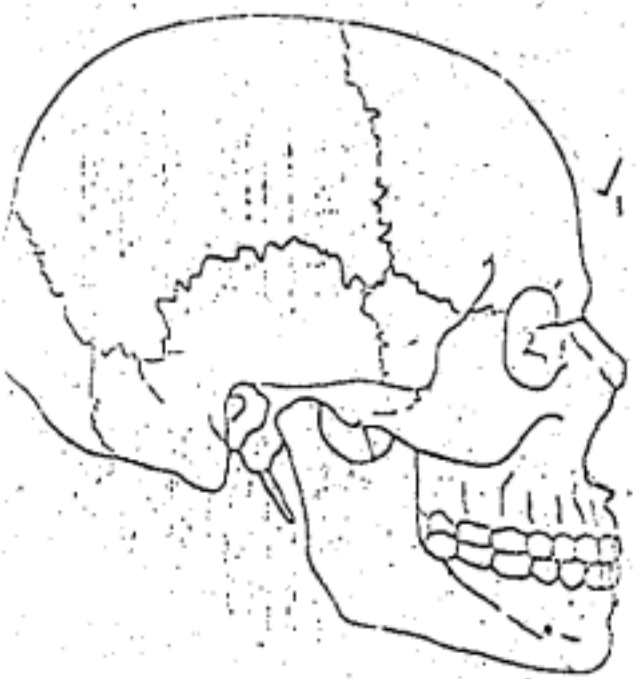
FULL BODY, FEMALE – ANTERIOR AND POSTERIOR VIEWS

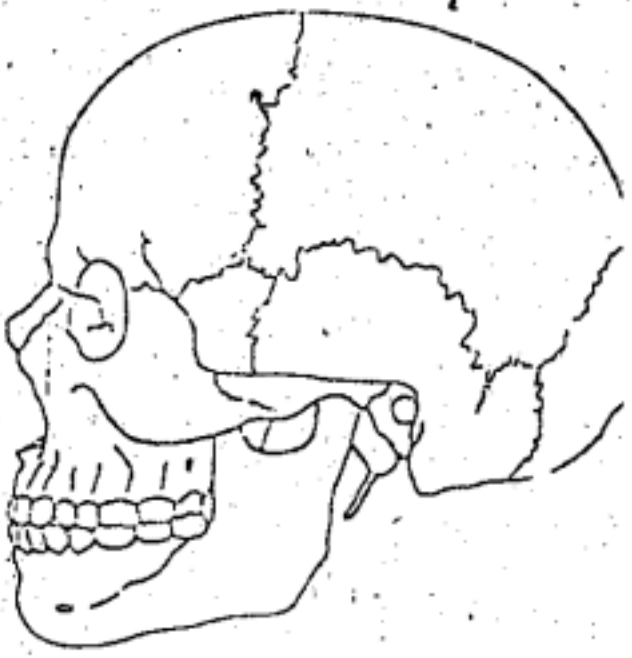


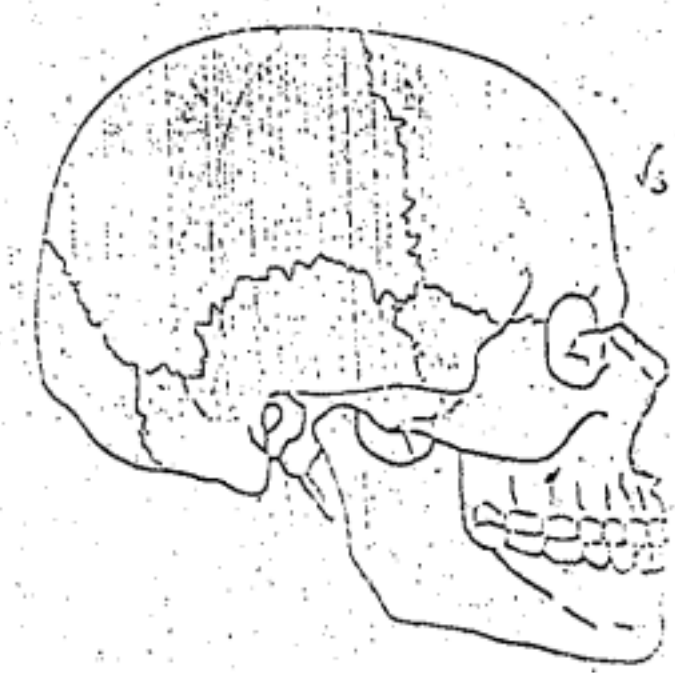


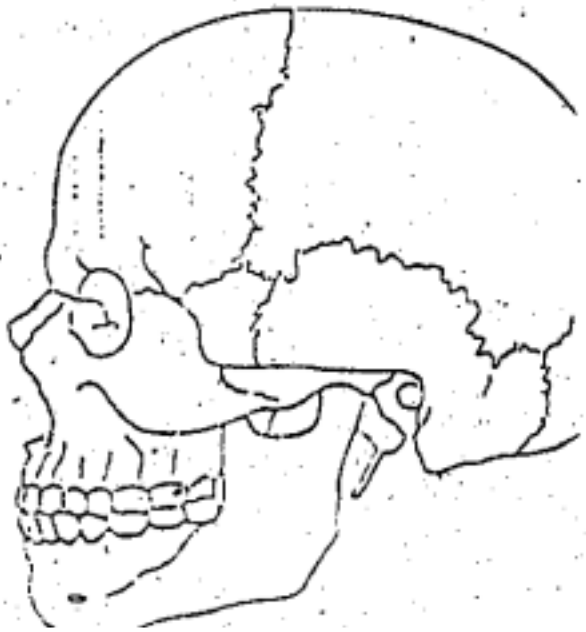
Name _____ Case No. _____

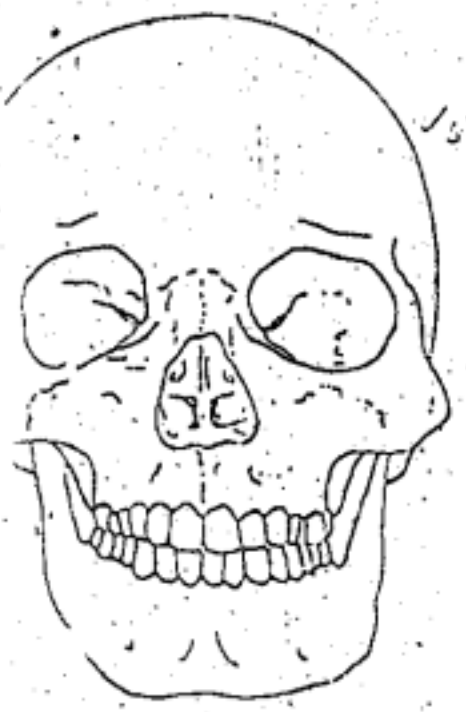
Date _____

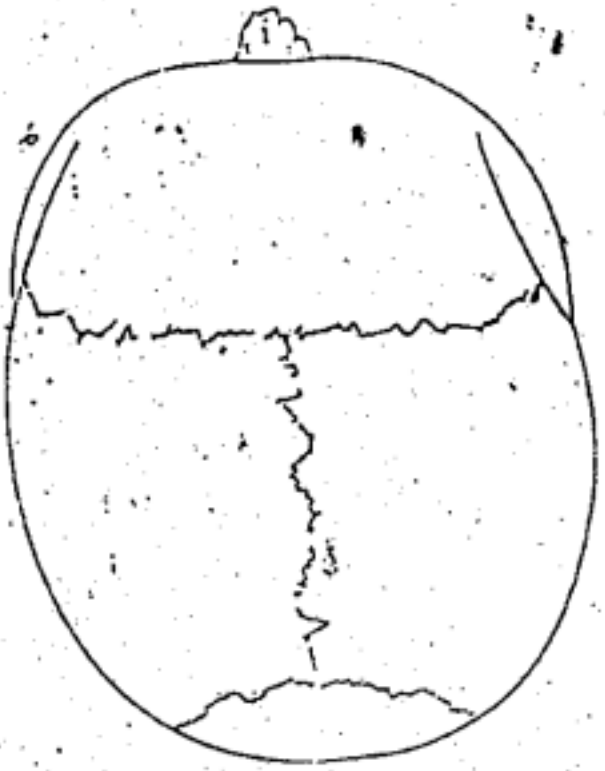


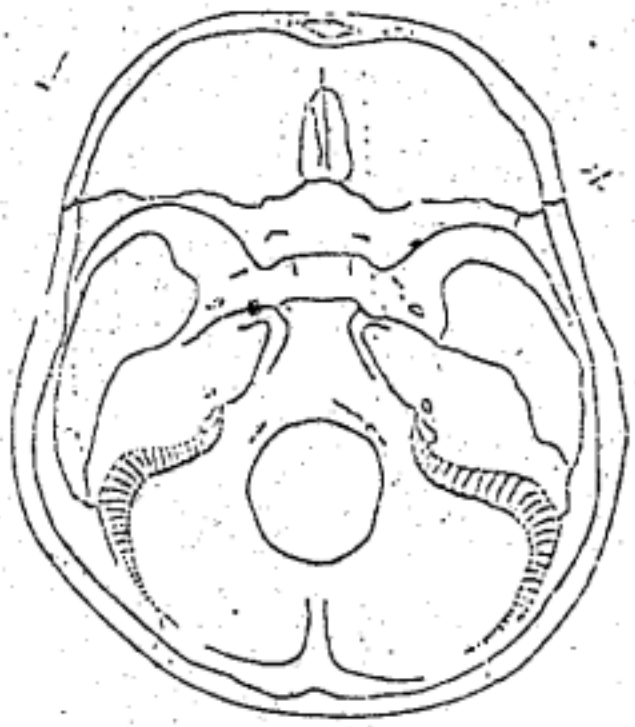


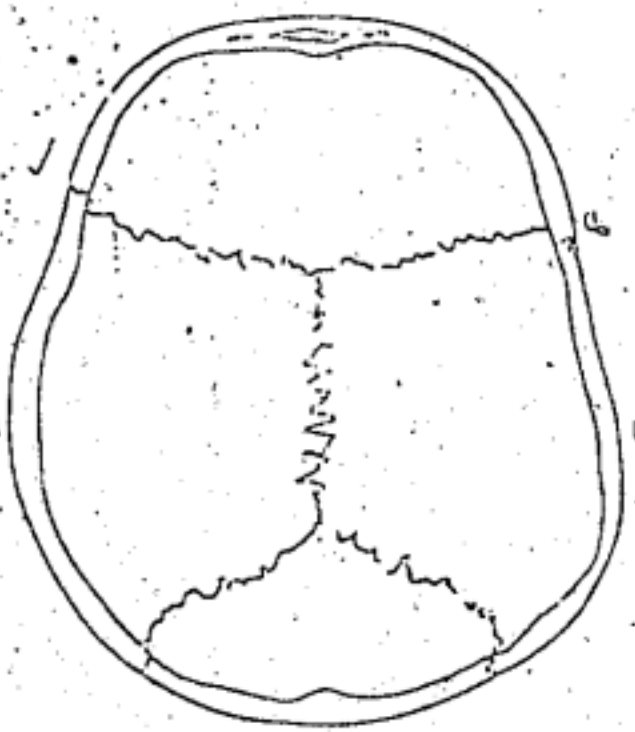












INNER VIEW OF SKULL

APPENDIX - 'A'

(14) 139

INSTRUCTIONS TO BE FOLLOWED CAREFULLY FOR DETENTION OR TORTURE.

Torture technique		Physical findings
Beating		
1.	General	Scars, Bruises, Lacerations. Multiple fractures at different stages of healing;. especially in unusual locations, which have not been medically treated::
2.	To the soles of the feet;.or fractures of the, bones of the feet;	Haemorrhage in the eaft tissues of the soles of the feet and ankles. Aseptic necrosis.
3.	With the palms on both ears simultaneously.	Ruptured or scarred tympanic membranes. Injuries to external ear.
4.	On the abdomen, while lying on a table with the upper half of the body unsupported ("operating table").	Bruises on the abdomen. Back injuries. Ruptured abdominal viscera.
5.	To the head.	Cerebral cortical atrophy.. Scars. Skull fractures. Bruises. Haematomas.
Suspension		
6.	By the wrists.	Bruises or scars about the wrists: Joint injuries.
7.	By the arms or, neck.	Bruises or scars at the site of binding. Prominent lividity in the the lower extremities.
8.	By the ankles.	Bruises or scars ,about the ankles. Joint injuries.
9.	Head dbwn, from a horizontal pole placed under, the knees with the wrists bound to'the "Jack".	Bruises 'or scars on the anterior. forearms and backs of the, knees. Marks on the wrists and ankles.
Near suffocation.		
10.	Forced immersion of head in often contaminated "wet 'submarine".	Faecal material or other debris in the mouth, pharynx, trachea, esophagus or lungs. Intrathoracic petechiae., Intra-thoracic petechiae.
11.	Tying of a plastic bag over the head ("dry submarine")	Intro-thoracic petechiae..
Sexual abuse.		
12.	Sexual abuse	sexually transmitted diseases. pregnancy.. Injuries to breasts, external genitalia, vagina, anus or rectum.
Forced posture		

(13)

	Prolonged standing.	Dependent edema: Petechiae. in lower extremities,
14.	Forced straddling of a bar ("saw horse").	Perineal or scrotal haematomas.
Electric shock		
15.	Cattle' prod.	Burns: appearance depends on the age of the injury. Immediately: red spots, vesicles, and/or black exudate. Within a few weeks: circular, reddish, macular scars. At several months: small, white, reddish or brown spots resembling,telangiectasias.
16.	Wires' connected to a source of electricity.	
17.	Heated metal skewer inserted into the anus.	Peri-anal or rectal burns.
Miscellaneous		
18.	Dehydratidn	Vitreous humor electrolyte abnormalities.
	Animal bites (spiders, insects, rate,, mice, dogs).	Bite marks.

Additional Inquest Procedure.

In, order to help in proper assessment of "Time Since Death', determination' of temperature changes and development of Rigor Mortis. at the time of first examination 'at the scene ,is essential. This can be attained in the present system 'of inquest by examining the 'dead body at the scene scientifically for these two parameters either by a medical officer or a ,trained Police .officer.

Essential requirement for determining Temperature Changes & Rigor Mortis:

The procedure is simple end can' 'be learnt by any Police officer if he is trained properly at the Police Training institution by' a medical officer. This procedure ,inC1udes :-

(i) Taking of 'Rectal Temperature' at the first examination 'of ,the body at the scene itself while., conducting the inquest. A simple Rectal,' Thermometre can be inserted in the 'anus of ,the dead body..' After waiting, €or 3' to 5 minutes temperature should be read. The temperature so read should be mentioned in the' inquest report as 'also the time of its recording.

(ii) Similarly for determining 'Rigor Mortis', i.e., stiffening of the muscles; the Police officer. should bend the..limbs .and see whether there is any 'stifness'in them. The observations about stifness be mentioned as also the time in the inquest report. These observations would be helpful to the doctors conducting post-mortem examination.

SCRUTINY OF VIDEO CASSETTES OF CUSTODIAL DEATH CASES

		PC	JC	TOTAL
1.	Total figure of custodial deaths reported from 1.4.97 to 28.2.98	179	752	931
2.	Total number of cassettes received by Law Div.	-	-	-
3.	Total number of cassettes received from 1.4.97 to 31.1.98 and scrutinised by Inv. Div.	41	38	79
4.	Number of blank cassettes			01
5.	Number of defective cassettes			05
6.	Duration of video filming of post mortems			
	(a) upto 5 minutes			- 09 (2 minutes-2, 2.5 minutes-1)
	(b) upto 5 to 10 minutes			- 17
	(c) 10 minutes and above			- 53
	Total			- 79
7.	Post mortem reports not received with cassettes.			- 08
8.	Inquest report not received with cassettes.			- 09
9.	No doctor present			- 01

10. STATEWISE BREAKUP - CUSTODIAL DEATHS (1.4.97 TO 28.2.98)

Sno.	Name of State	JC	PC	Total
1.	Bihar	30	13	43
2.	Karnataka	01	15	16
3.	Andhra Pradesh	-	06	06
4.	Goa	01	01	02
5.	Delhi	01	-	01
6.	Gujrat	02	01	03
7.	Orissa	02	01	03
8.	West Bengal	01	02	03
9.	Assam	-	02	02
	Total	38.	41	79

MODEL PROTOCOL STANDARDS FOR VIDEOGRAPHY OF AUTOPSIES IN CUSTODIAL DEATHS

(This Protocol was evolved at a Round Table discussion jointly organised by the Institute of Legal Medicine, Chennai and People's Watch - Tamilnadu, Madurai at Madras School of Social Work, Chennai on 14th December 1997).

Inquest:

In Custodial Deaths, the inquest should only be carried out by the District Judge

Procedure for Autopsy in custodial deaths:

- The Authority conducting the inquest should give the requisition for autopsy along with necessary documents. In the requisition itself, the authority should mention that the autopsy should be done by a panel of two or more doctors. The said authority should also arrange for the videographer who should be selected from the panel of videographers accredited by the District Magistrate for the above purpose.
- Autopsies of all custodial deaths should be done only by Forensic Pathologists at the teaching hospitals of government medical colleges where the departments of Forensic Medicine are present and on no condition should such autopsies be conducted in the absence of natural light (From sunrise to sunset)

Phases of videography of autopsy:

Phase I:

The bearings of the dead body like clothes, etc. should be separately videographed with more focus on striking features like stains, cuts or holes on the relevant materials.

Phase II:

1. Front view of the dead body on the autopsy table (before wiping and after wiping the dead body.
2. The same process should be repeated with the back of the dead body.
3. The conjunctiva and lips should be videographed for the presence of any haemorrhagic spots

Phase III:

External injuries:

1. These injuries should be recorded according to one's own practice, i.e. beginning with head and neck, trunk, upper and lower (right and left) extremities (front and back and sides of the body) is the commonest way of recording.
2. Each injury should be serially numbered by number tags (adherent labels)

3. The Videograph should be taken in parts or as a whole as the videographer feels fit to produce their images with clarity.
4. Each external wound need not be individually videographed because all these injuries are tagged and covered by the above process.
5. Any suspected areas of fractured bones of the limbs should be exposed and videographed.

Phase IV:

The actual dissection for exposing the body cavities need not be videographed in order to avoid the lengthiness of the cassette and to keep the viewers live to the bare facts of trauma.

It is a good practice to begin the autopsy with the exposure and removal of the brain.

Phase V:

The scalp should be dissected up to the eyebrows on the front and below the mastoids on the back. The inner surface of the anterior and posterior flaps should be videographed separately, followed by the videography of the exposed cranial surface.

The removed vault of the skull should be videographed by stretching it in the sagittal plane and in the coronal plane. This procedure will expose all types of fracture, if they are there.

The extradural space should be videographed *in situ* followed by subdural space. If there is subdural haemorrhagic (SDH), it should be removed and videographed again to confirm SDH and for the presence of subarachnoid haemorrhagic (SAH).

The brain is removed and placed on its vault to expose the basal surface. This exposed surface should be videographed. The Circle of Willis dissected out and exposed *in situ*. This should be videographed again. Then it is turned to rest on its base and videographed again.

Each stage of the brain dissection should be exposed and videographed to its finale according to one's methodology of brain dissection.

The base of the skull along with the meninges should be videographed before and after wiping its surface. The basal meninges should be stripped out.

The stretch force is applied to the base of the skull in the sagittal and coronal planes and videographed in each plane to expose any type of fracture.

Phase VI:

Chin to pubic symphysis dissection is continued dissection to expose the abdominal cavity. The neck and the chest wall are dissected to their extreme sides to expose that front as wide as possible. This widely exposed neck and the chest wall should be videographed.

The cupped palm should be dipped gently into the pelvic cavity and raised. If there is blood it will be seen in the palm. If the palm is empty, then there is no blood in the pelvic

cavity which excludes bleeding injury to the visceral organs of the abdomen. This entire manoeuvre of dipping and raising the hand should be consecutively videographed.

Then the removed sternum should be bent in both the planes to expose any fracture. This process should be videographed.

The hand manoeuvre done in the pelvic cavity should be done to rule out any bleeding injury for right and left pleural cavity with consecutive videography of the procedure.

The pericardium with the heart *in situ* should be videographed. The heart is exposed *in situ* and videographed before and after wiping the pericardial sac.

Neck:

The superficial muscles of the neck should be exposed and videographed. Then the superficial muscles of the neck are removed with little dissection of the deep muscles. This will partly expose the hyoid bone.

The hyoid bone is examined *in situ* by slight adduction and abduction of the greater horns of the hyoid bone. This manoeuvre should be videographed as it explicitly conveys that the hyoid bone was properly examined for any fractures in the greater horn. This manoeuvre will show inward or outward compression fractures, if present.

The deep muscles are removed to expose the larynx, submandibular glands and thyroid glands. This exposed surface should be videographed

Evisceration process:

Evisceration is done from the tongue down to the rectum. The body cavities should be cleaned and later videographed.

The anterior chest wall should be pressed backwards on each side separately. If there is yielding, it indicates fracture of the ribs and that area alone should be videographed.

The aorta should be opened before the visceral organs are separated. The intima of aorta should be videographed.

The posterior surface of pharynx and the esophagus should be videographed for the presence of blood or no blood

The esophagus is opened upto its cardiac end and videographed.

The larynx and trachea should be opened and videographed.

Heart:

The heart should be dissected

a) Inflow - chambers should be exposed and videographed

b) Outflow - pulmonary and aortic valves are exposed and videographed.

c) Coronary arteries should be dissected as far as possible. Videography is done before sectioning and after serial sections to explore any block in them. The area of block should be isolated and videographed again

Visceral organs:

Each organ should be separated and the separated organ should be videographed. And after sectioning, each organ should again be videographed. The process of sectioning by the dissector need not be videographed.

In the case of kidneys, the process of stripping the capsule should be videographed

Scrotum - Through the midline incision the testes are exposed and videographed.

To expose deep contusions of the limbs:

In fair skinned people, abnormal discolorations of the skin alone should be cut and exposed and videographed. In dark skinned people through one long incision on the front and back on each limb to exclude any extravasation of blood in the muscular tissue. Multiple parallel incisions can be put in the sole and palm. These should be videographed.

Norms to be followed by the videographer:

1. **Situation to be videographed:**
   i) The place of occurrence of deaths in custody should be videographed.
   ii) The process of postmortem and the process of burial and exhuming of the body to be videographed.
2. **Essential elements in the videography:**
   i) Videograph is a visual document, not a news report or a chat show and therefore the coverage should be comprehensive and detailed.
   ii) Video cassette is to be used as a corroborative evidence. Therefore avoid visual gimmicks and bias.
   iii) Video cassette is to be preserved as a source for future reference. Therefore maintain professionalism in recording and only provide an unedited version.
   iv) During the videography of postmortem in custodial deaths, the date and time button should be pressed so that the date and time will automatically superimposed.
   v) The context of the videography should be established by mix appropriate combination of wide angle shot, panning and tilting.
   vi) While highlighting details, continuity should be ensured by using zoom in and zoom out without cutting. It is suggested to limit to eye-level shot and to use pod-up/down if necessary, however not to use high/low angles.
   vii) Ensure to avoid complicated lighting. It is advisable to light the subject fully if the ambient light is not sufficient. When lighting is poor use of manual mode to focus is suggested.
   viii) It is necessary to use the normal lens in general and to avoid use of filters. However, before any recording the auto white balance button should be used.
   ix) It is suggested to use the tripod during videography of postmortem.

x) Each injury, whole and cut internal organs should be videographed for a minimum of five seconds.

3. **Custody of the video-tape:**

i) Immediately after the videography of the postmortem is completed, the essential details relating to the case such as name of the deceased, general particulars of the deceased, particulars of requisition of postmortem, etc., should be recorded on the video.

ii) Thereafter, the forensic pathologist conducting the postmortem should ensure immediate sealing of the video tape and its immediate despatch with all required particulars to National Human Rights Commission.

iii) Relatives of the victim and other public interest bodies should be entitled to receive the copies of the video cassette from the National Human Rights Commission (NHRC).

General:

i) Copies of the postmortem certificate should be provided to the relatives of the deceased by the authority conducting the inquest without any delay whatsoever.

ii) It should be ensured however that no executive/judicial enquiry should commence without the relatives of the deceased being provided a copy of the postmortem certificate and the video cassette.

iii) It is welcome that there is transparency during the process of autopsy of custodial deaths - thus calling for the presence of an impartial observer during the process of autopsy. However the occasion for the same has not yet arisen.

Recommendations to the Government:

i) The facilities for conducting autopsies should be standardised at all Taluk and District hospitals in consultation with the Director, Institute of Forensic Medicine, Chennai Medical College, Chennai and the Tamil Nadu Government Doctors Association. We believe that the autopsy room should be on par with any standard operation theatre. Better facilities for cold storage of bodies and specimen storage should also be introduced.

ii) It should be made mandatory that all the department heads of teaching hospitals and medical colleges cooperate with the Forensic Pathologist when their opinions are sought regarding any medico-legal issues.

iii) A panel of videographers should be accredited by the District Magistrate for videography of custodial deaths. Any Magistrate conducting inquest should choose a videographer to videograph the postmortem only from this panel.

(Read along with list of participants to the Round Table Discussion)

GUIDELINES FOR VIDEOGRAPHY OF POST MORTEM EXAMINATIONS

(Instruction for Doctors conducting the Post Mortem)

---

1. For identity a shot should be taken with face turned to a side showing whole body of the deceased with a relative and the IO identifying the body standing near the body, It is also advised that a conversation regarding identification of tho body by the relatives and, or IO be also recorded at the same time.

2. In case of unidentified bodies, besides taking full view of the *body* with face turned to the side, view of fingerprints and shot of important belongings should be taken.

3. About 20 grams of liver and muscle should be preserved for identification in future. Process of taking this sample from the body should be covered in the video shot.

4. Long-shot showing the whole body front view and continuing it with a neat view of injuries should be taken in such a way by zooming the lense so that there is no doubt about tho identity of the deceased or the injury/mark on the body.

5. Another long shot showing the whole aide *of* the back of the body together with a near view of any important injury be taken.

6. Shots to prove that the autopny has been conducted by the particular Medical Officer should be taken.

7. Shots of all significant marks, injuries/findings should be taken. The Medical Officer should describe such findings and the same should also be recorded..

8. Shots of important areas like front of palms, soles, buttocks, scrotum and anus/private parts be taken so that identification is in-tact:. This should be taken by zooming the lense to ensure that all shots are of tho same body.

9. Internal findings which results into the death should be shown on the video shot in such a way that the identity of the deceased could also be deciphered.

10. Wherever possible, while indicating positive or negative findings, doctor's commentary in his own voice should also be recorded. Shots. should be such that identity *of the person* could be made out beyond doubt.

11. The videography should take minimum of 45 minutes, covering the performance of tho *post-mortem.*

12. At the commencement of the post-mortem/recording of the videography, the Medical Officer who conducts the post-mortem should mention his name/designation and details of the body being post-mortemed. Similarly, at the end of the post-mortem," Medical Officer declaring the *conclusion* of tho post-mortem should also be recorded.

DRAFT FORMAT FOR SCRUTINY OF VIDEO CASSETTES OF CUSTODIAL DEATHS.

No./Date _____ Centre/State _____ Name of deceased _____

Case/File No.	Points			Comments
	Whether proper identification techniques as required in the circumstances have been applied in the said case or not ?	Yes	No	
	If it is an unidentified body, whether pieces of liver and muscle tissues have been preserved or not?	Yes	No	
	Whether any indication of changes after death available on seeing the condition of the body? If so, whether it is consistent with 'time since death' given in the post-mortem report?	Yes	No	
	Whether injuries present on the body as seen on v[illegible] are consistent with the injuries described inthe postmortem report?	Yes	No	
	Whether important areas where 3rd degree methods are usually used in custodial deaths have been examined and if so, whether the postmortem findings are consistent with those seen in the video?	Yes	No	
	Whether internal findings of cause of death have been properly recorded and they are consistent with external findings as described in the postmortem report?	Yes	No	
	Whether the opinion expressed by the doctor after conducting the post-mortem is consistent with the overall findings and the inquest?	Yes	No	
	Quality of video recording	Good/Satisfactory/Poor		
	Overall assessment.			
	Any further recommendation.			

Note:-

Signature of Experts.

_____

_____